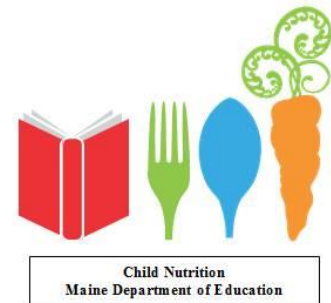


Determining Student Eligibility For Meal Benefits



Resources

- USDA's Eligibility Manual for School Meals 2017-2018
- Current year Income Guidelines
- Quick Reference Guide
- [Maine CN YouTube Video](#)



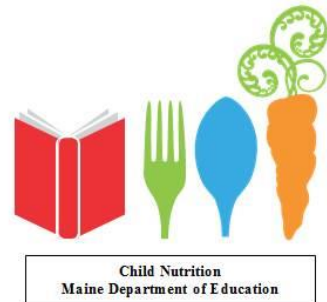
Determining Eligibility

1. Free and Reduced-Price Meal Application
 - Income
 - Categorical (SNAP/TANF, foster)
2. Migrant/Homeless/Head Start List
3. Direct Certification Match



Documentation

In order to claim Federal reimbursement for Free/Reduced student meals, you must have proper documentation of student eligibility.



Free and Reduced Price Applications

- Must be available to all households
- Only 1 application per household needs to be submitted
- Families cannot be required to complete an application

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION - SY 2017 F R D

1. For each household, complete, sign and return the application to the school. Please read the instructions. Call the school if you need help completing this form.

Child's Last Name	First	MI	Grade	Room	School
SNAP Number	Letter	TANF Number	Letter	<input type="checkbox"/> Foster Child	

Child's Last Name	First	MI	Grade	Room	School
SNAP Number	Letter	TANF Number	Letter	<input type="checkbox"/> Foster Child	

Child's Last Name	First	MI	Grade	Room	School
SNAP Number	Letter	TANF Number	Letter	<input type="checkbox"/> Foster Child	

Child's Last Name	First	MI	Grade	Room	School
SNAP Number	Letter	TANF Number	Letter	<input type="checkbox"/> Foster Child	

2. TOTAL NUMBER IN HOUSEHOLD: CHILDREN & ADULTS
ALL OTHER HOUSEHOLD MEMBERS: List all household members, other than those listed above. List all income.
ANNUAL INCOME CONVERSION: WEEKLY X 52, BI-WEEKLY X 26, SEMI-MONTHLY X 24, MONTHLY X 12

Names	Current Monthly Income					Check if SNAP Eligible
	Monthly Earnings from Work (Include Unemployment Job)	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pension, Retirement, Social Security	Monthly Earnings from Job 2 or any Other	Monthly Income	
1. All Other Household Members	\$	\$	\$	\$	\$	<input type="checkbox"/>
2.	\$	\$	\$	\$	\$	<input type="checkbox"/>
3.	\$	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	\$	<input type="checkbox"/>
5.	\$	\$	\$	\$	\$	<input type="checkbox"/>

3. SIGNATURE: *See which household member must sign the application and list the last 4 digits of their social security number before it can be reported.*
PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: _____ Last 4 Digits of Social Security Number: _____ ☐ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____ Zip Code: _____ Date: _____

Privacy Act Statement: I have given the child's SNAP or TANF case number, Section 5 of the National School Lunch Act requires that you include the last 4 digits of the social security number of the household member signing the application or indicate that the household member does not have a social security number. This is not done to list a social security number, but if the last 4 digits of a social security number are not listed or an indication is not made that the adult household member signing the application does not have a social security number, we are required to investigate. The last 4 digits of the social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting agencies to determine income, contacting a SNAP or TANF office to determine current certification for SNAP or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, advancement to claims, or legal actions if incorrect information is reported.

For School Use Only: SNAP/FIPPER/TANF household categorically eligible to: [] Yes [] No

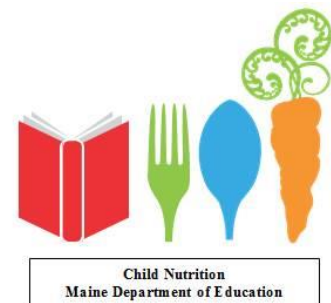
Total monthly income: _____ Approved Free: _____ Approved Reduced: _____ Denied: _____

Determining official: _____ Signature: _____ Date: _____



Letter to Households

- Distributed at the start of each school year
- Letter should include:
 - What School Nutrition Programs are available
 - F/R/P price
 - apply/reapply at any time



Free and Reduced Price Applications & Letters to Households

Current Year Materials

Maine Child Nutrition website

Maine.gov/doe/nutrition

Forms Page

USDA Translated Applications

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION - SY 2017 F R D

1. For each household, complete, sign and return the application to the school. Please read the instructions. Call the school if you need help completing this form.

Child's Last Name	First	M.I.	Grade	Room	School
SNAP Number	Letter	TANF Number	Letter		Poster Child

Child's Last Name	First	M.I.	Grade	Room	School
SNAP Number	Letter	TANF Number	Letter		Poster Child

Child's Last Name	First	M.I.	Grade	Room	School
SNAP Number	Letter	TANF Number	Letter		Poster Child

Child's Last Name	First	M.I.	Grade	Room	School
SNAP Number	Letter	TANF Number	Letter		Poster Child

2. **TOTAL NUMBER IN HOUSEHOLD: CHILDREN & ADULTS**
ALL OTHER HOUSEHOLD MEMBERS: List all household members, other than those listed above. List all income.
ANNUAL INCOME CONVERSION: WEEKLY X 52; BI-WEEKLY X 26; SEMI-MONTHLY X 12; MONTHLY X 12

Name	Current Monthly Income			
All Other Household Members	Monthly Income from Work (Include Subsidies and Job)	Monthly Income from Support, Alimony	Monthly Income from Pensions, Retirement, Personal Services	Monthly Income from Job 2 or any Other Monthly Income
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$

3. **SIGNATURE:** As adult household member must sign the application and list the last 4 digits of his/her social security number before it can be approved.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: _____ Last 4 Digits of Social Security Number: _____ ☐ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____ Zip Code: _____ Date: _____

Privacy Act Statement: Please note for the child's SNAP or TANF case number, Section 9 of the Federal School Lunch Act requires that you include the last 4 digits of the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if the last 4 digits of a social security number are not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The last 4 digits of the social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TANF office to determine correct certification for SNAP or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income reported and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

For School Use Only: SNAP/FR/TANF household categorically eligible free: ☐ Yes ☐ No

Total monthly income: _____ Approved Free: _____ Approved Reduced: _____ Denied: _____

Determining official: _____ Signature: _____ Date: _____



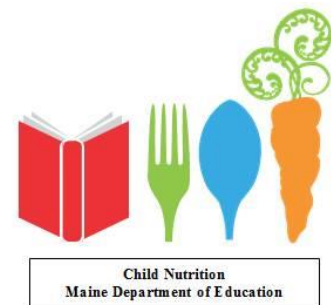
Carryover of Eligibility

- Eligibility status from the previous school year remains in effect for up to 30 operating days, or until new documentation is received, whichever comes first.
- New eligibility supersedes carryover eligibility.



Processing Free and Reduced-Price Meal Applications

- Applications should be processed and families notified immediately, but no later than 10 calendar days after being received
- Eligibility becomes effective when the application is received
 - Date stamp and initial upon receipt



Processing Free and Reduced-Price Meal Applications

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION – SY 2017 F R D

1. For each household, complete, sign and return the application to the school. Please read the instructions. Call the school if you need help completing this form.

Child's Last Name	First	M.I.	Grade	Room	School
SNAP Number	Letter	TANF Number	Letter		<input type="checkbox"/> Foster Child

Child's Last Name	First	M.I.	Grade	Room	School
SNAP Number	Letter	TANF Number	Letter		<input type="checkbox"/> Foster Child

Child's Last Name	First	M.I.	Grade	Room	School
SNAP Number	Letter	TANF Number	Letter		<input type="checkbox"/> Foster Child

Child's Last Name	First	M.I.	Grade	Room	School
SNAP Number	Letter	TANF Number	Letter		<input type="checkbox"/> Foster Child

2. TOTAL NUMBER IN HOUSEHOLD: CHILDREN & ADULTS _____
 ALL OTHER HOUSEHOLD MEMBERS: List all household members, other than those listed above. List all income.
 ANNUAL INCOME CONVERSION: WEEKLY X 52, BI-WEEKLY X 26, SEMI-MONTHLY X 24, MONTHLY X 12

Name	Current Monthly Income					Check if NO Income
	Monthly Earnings from Work (Include Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pension, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Monthly Income		
All Other Household Members						
1.	\$	\$	\$	\$		<input type="checkbox"/>
2.	\$	\$	\$	\$		<input type="checkbox"/>
3.	\$	\$	\$	\$		<input type="checkbox"/>
4.	\$	\$	\$	\$		<input type="checkbox"/>
5.	\$	\$	\$	\$		<input type="checkbox"/>

3. SIGNATURE: An adult household member must sign the application and list the last 4 digits of his/her social security number below it can be approved.
 PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the SNAP or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and that the deliberate misrepresentation of this information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult: _____ Last 4 Digits of Social Security Number: _____ ☐ I do not have a Social Security Number

Printed Name: _____ Home Phone: _____ Work Phone: _____

Home Address: _____ Zip Code: _____ Date: _____

Privacy Act Statement: Unless you list the child's SNAP or TANF case number, Section 9 of the National School Lunch Act requires that you include the last 4 digits of the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if the last 4 digits of a social security number are not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The last 4 digits of the social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TANF office to determine current certification for SNAP or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received and checking the documentation produced by the household member to the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

For School Use Only: SNAP/TANF household categorically eligible free: ☐ Yes ☐ No
 Total monthly income: _____ Approved Free: _____ Approved Reduced: _____ Denied: _____
 Determining official: _____ Signature: _____ Date: _____

- Categorical
- Income

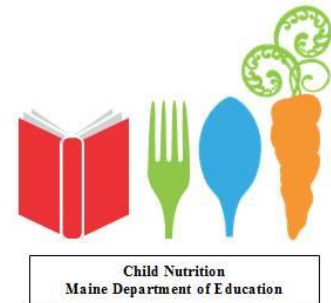
Remember that all applications are taken at face value!



Categorical Eligibility

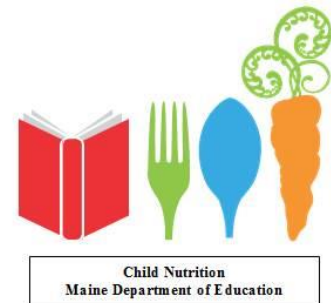
Student/Household Receives Benefits from an Assistance Program:

- SNAP/TANF Eligibility is extended to the entire household.
- Directly Certified
- Other Source Categorical
 - Head Start
 - Migrant Eligibility is NOT extended to the entire household.
 - Homeless
 - Foster Children



Foster Children

- Member of the household where they reside
- Eligible for Free meals regardless of income
- Their benefit not extended to other members
- Other members in household approved based on household information



Free and Reduced Price Applications: Categorical Eligibility

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION - SY 2016

F R D

1. For each household, complete, sign and return the application to the school. Please read the instructions. Call the school if you need help completing this form.

Child's Last Name	First	M.I.	Grade	Room	School
Food Stamp Number	Letter	TANF Number	Letter	<input type="checkbox"/> Foster Child	

Child's Last Name	First	M.I.	Grade	Room	School
Food Stamp Number	Letter	TANF Number	Letter	<input type="checkbox"/> Foster Child	

Child's Last Name	First	M.I.	Grade	Room	School
Food Stamp Number	Letter	TANF Number	Letter	<input type="checkbox"/> Foster Child	

Child's Last Name	First	M.I.	Grade	Room	School
Food Stamp Number	Letter	TANF Number	Letter	<input type="checkbox"/> Foster Child	

Free and Reduced Price Applications: Categorical Eligibility

Acceptable:

8 numbers & a letter

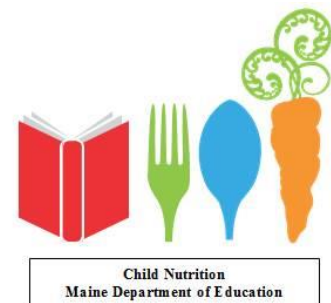
Unacceptable

- MaineCare
- EBT numbers
- Any number that does not fit the space provided!
- Statement from parent

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION – SY 2014 **F R D**

1. For each household, complete, sign and return the application to the school. Please read the instructions. Call the school if you need help completing this form.

Child's Last Name	First	M.I.	Grade	Room	School
Food Stamp Number	Letter	TANF Number	Letter	<input type="checkbox"/>	Foster Child
Child's Last Name	First	M.I.	Grade	Room	School
Food Stamp Number	Letter	TANF Number	Letter	<input type="checkbox"/>	Foster Child
Child's Last Name	First	M.I.	Grade	Room	School
Food Stamp Number	Letter	TANF Number	Letter	<input type="checkbox"/>	Foster Child
Child's Last Name	First	M.I.	Grade	Room	School
Food Stamp Number	Letter	TANF Number	Letter	<input type="checkbox"/>	Foster Child



Free and Reduced Price Applications: Categorical Eligibility

2. TOTAL NUMBER IN HOUSEHOLD: CHILDREN & ADULTS _____

ALL OTHER HOUSEHOLD MEMBERS: List _____ other than those listed above. List all income.

ANNUAL INCOME CONVERSION _____

MONTHLY X 24, MONTHLY X 12

Names	Monthly Welfare, Child Support, Alimony	Monthly Earnings from Job 2 or any Other Monthly Income	Check if NO Income
All Other Household Members			
1. _____	\$ _____	\$ _____	<input type="checkbox"/>
2. _____	\$ _____	\$ _____	<input type="checkbox"/>
3. _____	\$ _____	\$ _____	<input type="checkbox"/>
4. _____	\$ _____	\$ _____	<input type="checkbox"/>
5. _____	\$ _____	\$ _____	<input type="checkbox"/>

Only exception is foster child with other siblings



Free and Reduced Price Applications: Categorical Eligibility

3. **SIGNATURE:** An adult household member must sign the application and list the last 4 digits of his/her social security number before it can be approved.

***PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the food stamp or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds, that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.*

Signature of Adult: _____ **Last 4 Digits of Social Security Number:** _____ ☐ I do not have a Social Security Number

Printed Name: _____ **Home Phone:** _____ **Work Phone:** _____

Home Address

Zip Code

Date



Free and Reduced Price Applications: Income

FREE AND REDUCED PRICE SCHOOL MEAL APPLICATION - SY 2016

F R D

1. For each household, complete, sign and return the application to the school. Please read the instructions. Call the school if you need help completing this form.

Child's Last Name	First	M.I.	Grade	Room	School
Food Stamp Number	Letter	TANF Number	Letter	<input type="checkbox"/>	Foster Child

Child's Last Name	First	M.I.	Grade	Room	School
Food Stamp Number	Letter	TANF Number	Letter	<input type="checkbox"/>	Foster Child

Child's Last Name	First	M.I.	Grade	Room	School
Food Stamp Number	Letter	TANF Number	Letter	<input type="checkbox"/>	Foster Child

Child's Last Name	First	M.I.	Grade	Room	School
Food Stamp Number	Letter	TANF Number	Letter	<input type="checkbox"/>	Foster Child

Free and Reduced Price Applications: Income

2. **TOTAL NUMBER IN HOUSEHOLD: CHILDREN & ADULTS** _____
ALL OTHER HOUSEHOLD MEMBERS: List all household members, other than those listed above. List all income.

ANNUAL INCOME CONVERSION: WEEKLY X 52, BI-WEEKLY X 26, SEMI-MONTHLY X 24, MONTHLY X 12

Names	Current Monthly Income				
All Other Household Members	Monthly Earnings from Work (Before Deductions) Job 1	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Monthly Earnings from Job 2 or any Other Monthly Income	Check if NO Income
1. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
2. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
3. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
4. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
5. _____	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>

- Names of ALL OTHER household members
- Income from all sources and frequency



Free and Reduced Price Applications: Income with Multiple Frequencies

Weekly X 52= Annual \$

Every Two Weeks X 26= Annual \$

Twice a Month X 24= Annual \$

Total Annual Income

Compare to income guidelines for ANNUAL income for the household size (do NOT round).



Free and Reduced Price Applications

No conversion is required when one
source of income is listed

OR

All income sources are the
same frequency



Income Guidelines

School Year 2017 Guidelines

[School Year 2017 Guidelines\(pdf\)](#)

	FREE Income		REDUCED Income	
Family Size (include adults)	Yearly	Monthly	Yearly	Monthly
1	15,444	1,287	21,978	1,832
2	20,826	1,736	29,637	2,470
3	26,208	2,184	37,296	3,108
4	31,590	2,633	44,955	3,747
5	36,972	3,081	52,614	4,385
6	42,354	3,530	60,273	5,023
7	47,749	3,980	67,951	5,663
8	53,157	4,430	75,647	6,304
For each additional family member add:				
	5,408	451	7,696	642



Free and Reduced Price Applications

3. **SIGNATURE:** An adult household member must sign the application and list the last 4 digits of his/her social security number before it can be approved.

***PENALTIES FOR MISREPRESENTATION:** I certify that all of the above information is true and correct and that the food stamp or TANF number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds, that institution officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.*

Signature of Adult: _____ **Last 4 Digits of Social Security Number:** _____ ☐ I do not have a Social Security Number

Printed Name: _____ **Home Phone:** _____ **Work Phone:** _____

Home Address

Zip Code

Date



Free and Reduced Price Applications

4. OTHER BENEFITS – You do not have to complete this part to get free or reduced price school meals.

Health Insurance ☐ Yes, I want Maine Care health care coverage information for my child. School officials may give my name and address to the Department of Health & Human Services so that they can send me information about Maine Care low-cost or free health care coverage for my child. (Filling out the Free and Reduced Price School Meals Application does not automatically enroll your children in health care coverage.)

I understand that I will be releasing information that will show that I applied for free and reduced price school meals for my child.
I give up my rights to confidentiality for this purpose only.

I certify that I am the parent/guardian of the child for whom application is being made.

Signature of parent/guardian _____ Date _____



Free and Reduced Price Applications

5. CHILDREN'S ETHNIC and RACIAL IDENTITIES: Optional. You are **not required** to answer this question.

Mark one ethnic identity:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian
 - ☐ White
 - ☐ Black or African American
 - ☐ American Indian or Alaska Native
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ Other
-

Must be on every application
Optional for households to fill out



Free and Reduced Price Applications

Privacy Act Statement

Privacy Act Statement. Unless you list the child's food stamp or TANF case number, Section 9 of the National School Lunch Act requires that you include the last 4 digits of the social security number of the household member signing the application or indicate that the household member does not have a social security number. You do not have to list a social security number, but if the last 4 digits of a social security number are not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The last 4 digits of the social security number may be used to identify the household member in verifying the correctness of information stated on the application. This may include program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or TANF office to determine current certification for food stamps or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received and checking the documentation produced by the household member to the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.



Free and Reduced Price Applications

Approval / Denial by the SFA

For School Use Only: Food stamp/FDPIR/TANF household categorically eligible free: ☐ Yes ☐ No

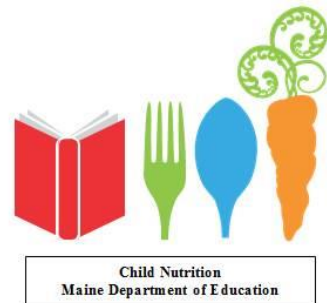
Total monthly income: _____ Approved Free: _____ Approved Reduced: _____ Denied: _____

Determining official: _____ Signature: _____ Date: _____



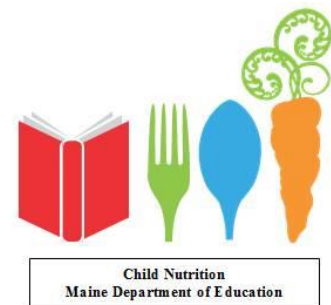
Transfer Students

- Student moves halfway through the year and you receive a copy of their application from the sending school
- Make sure to reapprove and sign!



Determining Eligibility: Homeless/Migrant/Head Start

- A student identified by the:
 - District homeless liaison
 - Migrant Coordinator
 - Head Start Coordinator
- Application not required
- Categorically eligible for Free meals



Notification of Eligibility

NOTIFICATION OF ELIGIBILITY

DATE: _____

Dear Parent or Guardian:

Your application for free or reduced price meals for your child(ren) has been:

1. Approved for applicable programs listed below (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Free Lunches | <input type="checkbox"/> Reduced price lunches at \$ _____ per meal |
| <input type="checkbox"/> Free Breakfasts | <input type="checkbox"/> Reduced price breakfast at \$ _____ per meal |
| <input type="checkbox"/> Free After School Snacks | <input type="checkbox"/> Reduced price After School Snacks at \$ _____ per snack |
| <input type="checkbox"/> Free Milk for K and Pre-K, if meals are unavailable to them | |

2. Denied because:

☐ Household income is over the amount allowable. ☐ The application is missing _____.

☐ Other _____.

You may appeal this decision by writing the Hearing Official, who is _____ at this address _____ or calling him/her at _____.

Sincerely,

Approving Officer

Name: _____

Street/RFD/P.O. Box: _____

City/Town: _____, ME (ZIP) _____

2013-2014 School Year Income Guidelines For Reduced Price Meals

REDUCED INCOME



Duration of Eligibility

Eligibility is good for the entire school year

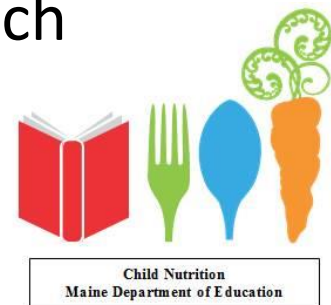
AND

the first 30 operating days of the next school year



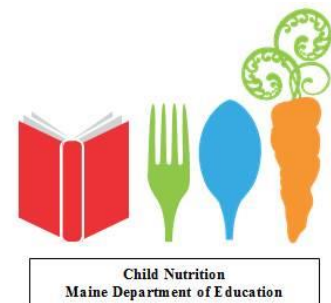
What Makes A Complete Application?

- Application with SNAP/TANF #:
 - Child's name
 - SNAP/TANF # (correct format)
 - Adult signature
 - Last 4 digits of social or check “no ssn”
- Application with Income:
 - Child's name
 - Household Names & Household Size must match
 - Adult signature
 - Last 4 digits of social or check “no ssn”



Labeling/Storing for Verification

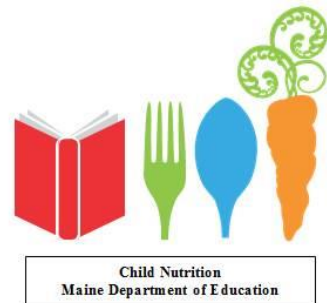
- Verification for cause
- Error Prone
 - \$100 dollars above/below free guidelines OR \$100 dollars below reduced guidelines
- Directly Certified
- SNAP/TANF Numbers
- Migrant, homeless, etc.
- Denied




Direct Certification

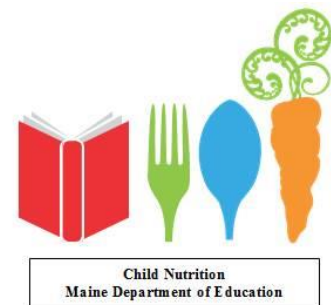
- List is accessed in NEO
- List must be checked at least 3x each school year:
 1. Start of school
 2. October-November
 3. January-March

SAVE A COPY



Direct Certification

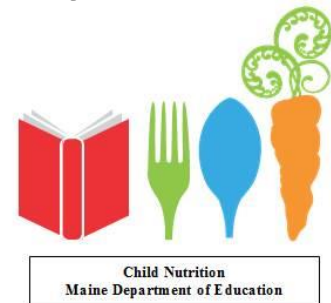
- Assistance Programs  Free School Meals
- Automatically eligible for free meals
- Extended to entire household
- Families must be notified



Direct Certification



Takes precedence over an application.
Eligible for FREE meals for the entire school year.



Administrative Approval

- If a household fails to apply and the child is known to be eligible, local officials may complete an application on behalf of the child.
 - Application should be based on best known household size and income information
 - **Limited use**
 - Excluded from verification
- Household must be notified

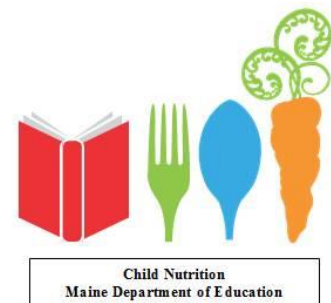


Changes in Benefits

Applications can be submitted throughout the year.

Changes must take place:

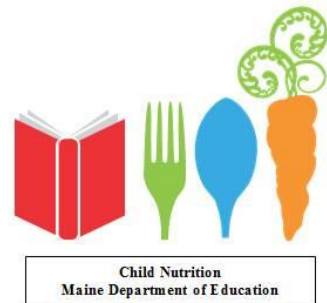
- Within 3 days for an increase in benefits
(ex: Paid to Reduced)
- In 10 days for a decrease in benefits
(ex: Free to Paid)



Benefit Issuance List or “Master List”

List of students eligible for free and reduced-price meals

- Updated/revised as changes occur
- History of eligibility for the school year
- Documentation to support the monthly claim
- Confidential



Benefit Issuance List or “Master List”

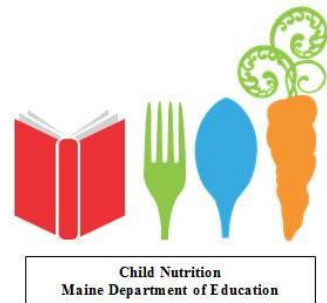
List should contain:

- Student first and last name
- Benefit status (free/reduced/paid)
- Date status was determined
- Method of determination (DC/categorically eligible/application)
- School name
- Changes



Point of Service Document

- Used at the Point of Service (POS)
- List should contain:
 - Student's first and last name
 - Code for current Benefit status (free/reduced)
 - School name
- Electronic or Manual (paper list)



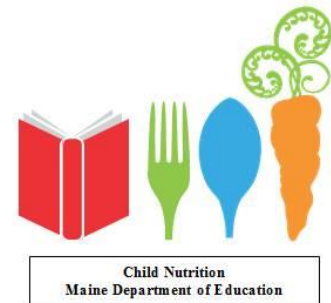
Common Errors: Applications

- ✓ Incorrect SNAP/TANF number
- ✓ Math Errors
 - Annual income if income reported in various forms
 - Data entry into electronic systems
- ✓ Sign and date!
 - Electronic vs Paper



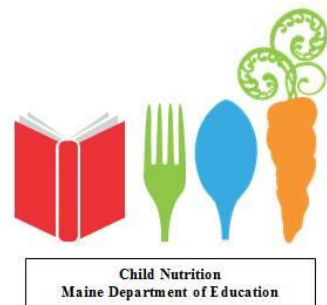
Common Errors: Direct Certification

- Check at least 3x year
- Manual search matches must be printed or saved
- Increase DC numbers by searching applications with TANF/SNAP#
- Must send a letter to DC households notifying them of their benefits
- SAVE ALL DC LISTS



Common Errors: Master List

- ✓ Make sure the Master List in the office matches the check list used during meal service
 - After eligibility changes



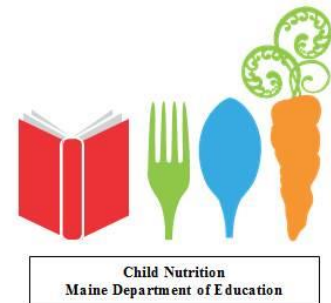
Confidentiality

**Eligibility information is
CONFIDENTIAL.**



Confidentiality

- May share aggregate data
- Eligibility information may not be shared without written parental permission
- May with another Child Nutrition Program
 - Disclosure Chart in Eligibility Manual



Don't End Up Like This Guy

Penalty for disclosure



Child Nutrition
Maine Department of Education

Federal

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities, who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

State

This institution is an equal opportunity provider. In accordance with State law this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, sexual orientation or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write Maine Department of Education, Civil Rights Officer, 23 State House Station, Augusta, ME. 04333, or call (207)624-6875. Maine is an equal opportunity provider and employer.

